

**INSTRUCTIONS FOR FILING A COMPLAINT BY PRISONERS
PURSUANT TO THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

This packet includes **four** copies of a complaint form and **two** copies of a pauper's affidavit. To start an action you must submit an original and one copy of your complaint for the Court, plus one additional copy of the complaint for each defendant you name. For example, if you name two defendants you must file the original and three copies of the complaint. You should also keep an additional copy of the complaint for your own records. **All copies of the complaint must be identical to the original, including any attachments or exhibits.**

The Clerk will NOT file your complaint if it does not conform to these instructions and to these forms.

Your complaint must be typed or legibly HAND PRINTED with no less than 1½ spaces between lines; no single spacing is allowed. If you need additional space to answer a question you may use additional blank paper, provided you use standard letter-size paper. **Local Court Rules require that all pleadings, including attachments, must be on paper no larger than 8½ x 11 inches.** Any pleadings submitted on paper exceeding this size will be returned. Extra copies of pleadings submitted to the Court that you wish to have marked "filed" and returned must be accompanied by a self-addressed stamped envelope. Each plaintiff must also sign and swear to the complaint.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, it is necessary for you to file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

In order for this complaint to be filed, it must be accompanied by the filing fee of \$150.00. If you are unable to pay the required filing fee, you may request the Court to allow you to proceed **in forma pauperis**. Two blank affidavits are included in this packet for this purpose. One copy should be filed with the complaint and the other kept for your own records. If more than one plaintiff is filing suit and each plaintiff requests to proceed in forma pauperis, then each plaintiff must complete and submit a separate pauper's affidavit. Additional affidavit forms are available from this office.

**THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS;
YOU ARE REQUIRED TO GIVE ONLY THE FACTS.**

When these forms are completed, mail the original and copies to:

Clerk, U.S. District Court
Northern District of Georgia
2211 U.S. Courthouse
75 Spring Street, S.W.
Atlanta, Georgia 30303-3361

You are not required to provide completed Marshal's Service forms (USM-285) at the initial stage of filing your complaint. You will be notified by the Court to provide them at a later date.

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

(Enter above the full name and prisoner
identification number of the plaintiff.)

-vs-

(Enter above the full name of the defendant(s).)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes () No ()

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s):

Defendant(s):

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

I. Previous Lawsuits (Cont'd)

4. Name of judge to whom case was assigned: _____
5. Did the previous case involve the same facts?
Yes () No ()
6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit: _____
8. Approximate date of disposition: _____

II. Exhaustion of Administrative Remedies

- A. Place of Present Confinement: _____
- B. Is there a prisoner grievance procedure in this institution?
Yes () No ()
- C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes () No ()
- D. If your answer is YES:
1. What steps did you take and what were the results?

2. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff(s): _____

III. Parties (Cont'd)

Address(es): _____

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): _____

Employed as _____

 at _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[illegible]

[illegible]

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

[illegible]

V. Relief (Cont'd)

Signed this _____ day of _____, 19 ____.

Signature of Plaintiff

STATE OF _____
COUNTY (CITY) OF _____

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON _____
(Date)

Signature of Plaintiff

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

(Enter above the full name and prisoner
identification number of the plaintiff.)

-vs-

(Enter above the full name of the defendant(s).)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes () No ()

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s):

Defendant(s):

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

I. Previous Lawsuits (Cont'd)

4. Name of judge to whom case was assigned: _____
5. Did the previous case involve the same facts?
Yes () No ()
6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit: _____
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II. Exhaustion of Administrative Remedies

- A. Place of Present Confinement: _____
- B. Is there a prisoner grievance procedure in this institution?
Yes () No ()
- C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes () No ()
- D. If your answer is YES:
1. What steps did you take and what were the results?

2. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff(s): _____

III Parties (Cont'd)

Address(es): _____

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): _____

Employed as _____

at _____

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[illegible]

[illegible]

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

[illegible]

V. Relief (Cont'd)

Signed this _____ day of _____, 19____.

Signature of Plaintiff

STATE OF _____
COUNTY (CITY) OF _____

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON _____
(Date)

Signature of Plaintiff

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

(Enter above the full name and prisoner
identification number of the plaintiff.)

-vs-

(Enter above the full name of the defendant(s).)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes () No ()

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

I. Previous Lawsuits (Cont'd)

4. Name of judge to whom case was assigned: _____
5. Did the previous case involve the same facts?
Yes () No ()
6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

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Yes () No ()
- C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes () No ()
- D. If your answer is YES:
1. What steps did you take and what were the results?

2. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff(s): _____

III. Parties (Cont'd)

Address(es): _____

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): _____

Employed as _____

 at _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[illegible]

[illegible]

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

[illegible]

V. Relief (Cont'd)

Signed this _____ day of _____, 19____.

Signature of Plaintiff

STATE OF _____
COUNTY (CITY) OF _____

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON _____
(Date)

Signature of Plaintiff

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

(Enter above the full name and prisoner
identification number of the plaintiff.)

-vs-

(Enter above the full name of the defendant(s).)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes () No ()

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

I. Previous Lawsuits (Cont'd)

4. Name of judge to whom case was assigned: _____

5. Did the previous case involve the same facts?

Yes () No ()

6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

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A. Place of Present Confinement: _____

B. Is there a prisoner grievance procedure in this institution?

Yes () No ()

C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes () No ()

D. If your answer is YES:

1. What steps did you take and what were the results?

2. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff(s): _____

III. Parties (Cont'd)

Address(es): _____

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): _____

Employed as _____

 at _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

[illegible]

V. Relief (Cont'd)

Signed this _____ day of _____, 19____.

Signature of Plaintiff

STATE OF _____
COUNTY (CITY) OF _____

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON _____
(Date)

Signature of Plaintiff

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

Plaintiff/Petitioner,	:	AFFIDAVIT IN SUPPORT OF
	:	REQUEST TO PROCEED
v.	:	IN FORMA PAUPERIS; AUTHORIZED
	:	WITHDRAWAL FORM; CERTIFIED
Defendant/Respondent.	:	AFFIDAVIT OF INMATE ACCOUNT
	:	STATUS.

**AFFIDAVIT AND AUTHORIZATION
FOR WITHDRAWAL FROM INMATE ACCOUNT**

I, _____, being first duly sworn or under penalty of perjury, affirm and say that I am the plaintiff/petitioner in the above-styled action; that in support of my motion to proceed without prepayment of fees or costs or give security therefor pursuant to Title 28 U.S.C. § 1915 (a)(1), I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor.

I further swear or affirm that the responses which I have made to the questions below are true.

1. Are you presently employed? Yes () No ()
 - a. If employed, state the amount of your salary or wages per month and give the address of your employer. _____

 - b. If you are not currently employed, state the date of your last employment and the amount of salary or wages received. _____

2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business, profession or self-employment? Yes() No()
 - b. Rent payments, interest or dividends? Yes() No()
 - c. Pensions, annuities or life insurance? Yes() No()
 - d. Gifts or inheritances? Yes() No()
 - e. Any other source? Yes() No()

If you answered yes to any of the above, describe each source and state the amount received from each. _____

3. Do you own any cash, or do you have money in a checking or savings account? (Include funds in prison account.)
Yes () No () If the answer is yes, state the total value of items owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furniture and clothing?

Yes () No () If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to each person, and indicate how much you contribute toward their support.

AUTHORIZATION FOR ACCOUNT WITHDRAWAL

I hereby authorize my custodian and his/her designee to withdraw funds from my inmate account and to transmit the same to the Clerk, United States District Court to be applied to the filing fee which I am required to pay in connection with this case. This authorization shall apply to any institution in which I am or may be confined.

Executed this _____ day of _____, 19_____.

Signature of Plaintiff/Petitioner

PLAINTIFF/PETITIONER IS REQUIRED TO SUBMIT WITH THIS AFFIDAVIT AND AUTHORIZATION A CERTIFIED COPY OF HIS/HER INMATE ACCOUNT STATEMENT FOR THE SIX MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THIS COMPLAINT.

CERTIFICATE

I hereby certify that the plaintiff/petitioner herein has a current balance of \$_____ in his/her inmate account at the _____ Institution. Plaintiff has an average monthly balance for the preceding six months of \$_____, and the average monthly deposits to said account for the preceding six months are \$_____. I further certify that plaintiff has the following assets to his/her credit according to the records of this institution: _____

Date

Authorized Officer of Institution

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

Plaintiff/Petitioner,	:	AFFIDAVIT IN SUPPORT OF
	:	REQUEST TO PROCEED
v.	:	<u>IN FORMA PAUPERIS</u> ; AUTHORIZED
	:	WITHDRAWAL FORM; CERTIFIED
Defendant/Respondent.	:	AFFIDAVIT OF INMATE ACCOUNT
	:	STATUS.

**AFFIDAVIT AND AUTHORIZATION
FOR WITHDRAWAL FROM INMATE ACCOUNT**

I, _____, being first duly sworn or under penalty of perjury, affirm and say that I am the plaintiff/petitioner in the above-styled action; that in support of my motion to proceed without prepayment of fees or costs or give security therefor pursuant to Title 28 U.S.C. § 1915 (a)(1), I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor.

I further swear or affirm that the responses which I have made to the questions below are true.

1. Are you presently employed? Yes () No ()
 - a. If employed, state the amount of your salary or wages per month and give the address of your employer. _____

 - b. If you are not currently employed, state the date of your last employment and the amount of salary or wages received. _____

2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business, profession or self-employment? Yes() No()
 - b. Rent payments, interest or dividends? Yes() No()
 - c. Pensions, annuities or life insurance? Yes() No()
 - d. Gifts or inheritances? Yes() No()
 - e. Any other source? Yes() No()

If you answered yes to any of the above, describe each source and state the amount received from each. _____

3. Do you own any cash, or do you have money in a checking or savings account? (Include funds in prison account.)
Yes () No () If the answer is yes, state the total value of items owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furniture and clothing?

Yes () No () If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to each person, and indicate how much you contribute toward their support.

AUTHORIZATION FOR ACCOUNT WITHDRAWAL

I hereby authorize my custodian and his/her designee to withdraw funds from my inmate account and to transmit the same to the Clerk, United States District Court to be applied to the filing fee which I am required to pay in connection with this case. This authorization shall apply to any institution in which I am or may be confined.

Executed this _____ day of _____, 19____.

Signature of Plaintiff/Petitioner

PLAINTIFF/PETITIONER IS REQUIRED TO SUBMIT WITH THIS AFFIDAVIT AND AUTHORIZATION A CERTIFIED COPY OF HIS/HER INMATE ACCOUNT STATEMENT FOR THE SIX MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THIS COMPLAINT.

CERTIFICATE

I hereby certify that the plaintiff/petitioner herein has a current balance of \$_____ in his/her inmate account at the _____ Institution. Plaintiff has an average monthly balance for the preceding six months of \$_____, and the average monthly deposits to said account for the preceding six months are \$_____. I further certify that plaintiff has the following assets to his/her credit according to the records of this institution: _____

Date

Authorized Officer of Institution